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DATE: July 17, 2007

PTO IDENTIFIER: Application Number 10/675,243-Conf. #3496
Patent Number

Inventor: Vineet KALUCHIA et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: WILMER CUTLER PICKERING HALE AND DORR LLP
Irah H. Donner

PHONE: (212) 230-8800

Attorney Dkt. #: 0112097.00132US1

PAGES (Including Cover Sheet): 21

CONTENTS: Fee Transmittal (1 page)
Transmittal (1 page)
Supplemental Amendment (13 pages)
Terminal Disclaimer (1 page)
Information Disclosure Statement (3 pages)
Fax Cover Sheet and Certificate of Transmission (2 pages)
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PTO/SR/07 (09-04)

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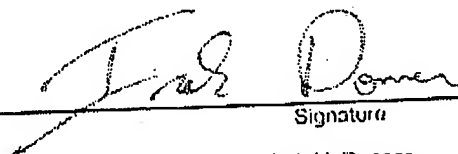
Application No. (if known): 10/675,243

Attorney Docket No.: 0112097.00132US1

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35,120
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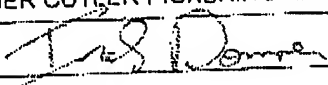
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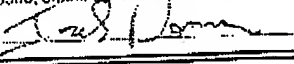
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/675,243-Conf. #3496	
	Filing Date	October 1, 2003	
	First Named Inventor	Vineet KALUCHA	
	Art Unit	2166	
	Examiner Name	S. Ahn	
Total Number of Pages in This Submission	21	Attorney Docket Number	0112097.00132US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (Supplemental) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> Alter Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax cover sheet and Certificate of Transmission
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP	
Signature		
Printed name	Ira H. Donner	
Date	July 17, 2007	Reg. No. 35,120

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PTO/SW17 (07-07)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).

FEE TRANSMITTAL

For FY 2007

<input checked="" type="checkbox"/> Applicant claims small-entity status. See 37 CFR 1.27		Complete if Known	
TOTAL AMOUNT OF PAYMENT		(\$)	505.00
		Application Number	10/675,243-Conf. #3498
		Filing Date	October 1, 2003
		First Named Inventor	Vincent KALUCHA
		Examiner Name	S. Ahn
		Art Unit	2156
		Attorney Docket No.	0112097.00132US1

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

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☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Multiple Dependent Claims

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
10*	8	360	180

10* = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
10*	7	280	140

10* = highest number of independent claims paid for, if greater than 3.

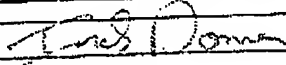
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

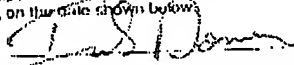
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
100	0	0	0	0

4. OTHER FEE(S)

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	325.00	
Statutory Disclaimer	180.00	
Other (e.g., late filing surcharge):		
Information Disclosure Statement		

SUBMITTED BY		Registration No. 35,120	Telephone (212) 230-8800
Signature		(Attorney/Agent)	Date July 17, 2007
Name (Print/Type) Trah H. Donner			

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